

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

UNCC 02-020

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                          |              |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     | 16                       |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 16 minus 20=             | -            |
| INDEPENDENT CLAIMS               | 2 minus 3 =              | -            |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

SMALL ENTITY  
TYPE OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| XS 9=     |        | OR XS18=     |        |
| X43=      |        | OR X86=      |        |
| +145=     |        | OR +290=     |        |
| TOTAL     | 385    | OR TOTAL     |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | 11/17/05 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|----------|---|---|---|--------------------------|
|  |          |   |   | MINUS                                       | =                        |
|  |          | Total                                     | * | 18  | 0                        |
|  |          | Independent                               | * | 3   | 0                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |          |   |   |   | <input type="checkbox"/> |

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| XS 9=            |                        | OR XS18=            |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT B                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|--|---|---|---|--------------------------|
|  |  |   |   | MINUS                                       | =                        |
|  |  | Total                                     | * |   |                          |
|  |  | Independent                               | * |   |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |   |   | <input type="checkbox"/> |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| XS 9=            |                        | OR XS18=            |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|--|---|---|---|--------------------------|
|  |  |   |   | MINUS                                       | =                        |
|  |  | Total                                     | * |   |                          |
|  |  | Independent                               | * |   |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |   |   | <input type="checkbox"/> |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| XS 9=            |                        | OR XS18=            |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.